



CONSERVATORSHIP QUESTIONNAIRE

PART I: Client Information

Name: _____

Address: _____

Phone: _____

Are you seeking appointment as the Conservator? Yes/No

If not, is there a preferred individual to act as Conservator? Yes/No

 Name of Preferred Conservator: _____

Relationship between disabled person and person seeking to be named Conservator:

PART II: Personal Information for Disabled Person (person for whom Conservatorship is sought):

Name: _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Phone: _____

Name of spouse, if living: _____

 Spouse's Residence: _____

 Spouse's Phone No: _____

Children:

- 1. Name: _____ Address: _____
Phone Number: _____
- 2. Name: _____ Address: _____
Phone Number: _____
- 3. Name: _____ Address: _____
Phone Number: _____
- 4. Name: _____ Address: _____
Phone Number: _____
- 5. Name: _____ Address: _____
Phone Number: _____
- 6. Name: _____ Address: _____
Phone Number: _____

Briefly describe why you think the disabled person needs a Conservator (Examples: physical or mental incapacity due to health, age, or sudden incapacity; complex asset management needs):

To your knowledge, did the disabled person have any of the following documents, and if so, who is given authority in each?

Yes/No Durable Power of Attorney
 Authority/Agent: _____

Yes/No Power of Attorney for Health Care
 Authority/Agent: _____

Yes/No Advance Care Plan with a designated Agent
 Authority/Agent: _____

Yes/No Physician Orders for Scope Treatment (aka "POST" directions)
Authority/Agent: _____

Yes/No A will naming a Personal Representative or Executor
Authority/Agent: _____

Part III: Health Care Information for Disabled Person

To your knowledge, did the disabled person ever discuss naming an agent or surrogate for making health care decisions with their doctor? Yes/No

If so, who did the disabled person prefer as his/her agent? _____

Is the disabled person able to communicate at present? Yes/No

Is the disabled person currently being treated by a physician? Yes/No

Physician Information:

	<u>Name</u>	<u>Facility/Office</u>	<u>Area of Specialty</u>	<u>Diagnosis</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Is the disabled person currently seeing any mental health professionals (psychologist, psychiatrist, counselor, licensed clinical social worker, etc.)? Yes/No

	<u>Name</u>	<u>Facility/Office</u>	<u>Area of Specialty</u>	<u>Diagnosis</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PART IV: Financial Information for Disabled Person

A. Assets

1. Accounts (Bank, Investment, Retirement Plans, CD's, Notes Receivables, Etc.)

	<u>Name of Institution</u>	<u>Account No.</u>	<u>Value on Date of Death</u>	<u>Co-Owned With Who?</u>
a.	_____			
b.	_____			
c.	_____			
d.	_____			
e.	_____			
f.	_____			

2. Real Estate (Residence, Rental Properties, Commercial Properties, Raw Land)

	<u>Address</u>	<u>Value</u>	<u>Co-Owned With Who?</u>	<u>Date of Purchase</u>
a.	_____			
b.	_____			
c.	_____			
d.	_____			
e.	_____			
f.	_____			

3. Personal Tangible Property (Autos, Jewelry, Collections, Household Goods, Etc)

	<u>Description</u>	<u>Location</u>	<u>Value</u>	<u>Co-Owned With Who?</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

4. Insurance Policies

	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Policy Number</u>	<u>Agent</u>	<u>Beneficiary</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____

E. Liabilities & Expenses (All known or potential debts or household expenses, including mortgage, auto, personal loans, doctors, hospital, and credit cards)

<u>Description</u>	<u>Creditor</u>	<u>Address</u>	<u>Amount Owed:</u>	<u>If Joint Debt, With Who?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____